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Susan M. Andrews (Depositor's name)

Susan M. Andrews (Signature)

January 26, 1999 (Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|---|-------------|--------------|-----------------------------|---------------|
| 08/791.057 | 01/13/97 | 007 | KWON, J | 3747 11/24/98 |
| First Named Applicant KERREBROCK. 35 USC 154(b) term ext. = 0 Days. | | | | |

TITLE OF INVENTION: **ROTATING COMPRESSORS WITH CONTROL OF BOUNDARY LAYERS BY FLUID REMOVAL**

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-------------------------------|----------|
| 3 96-1781 | 415-115.000 | M04 | UTILITY | YES | \$635.00 ***x** | 02/24/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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1 CANTOR COLBURN LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Massachusetts Institute of Technology

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Cambridge, Massachusetts

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

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(Date)

1/26/99

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